

INCIDENT INVESTIGATION FORM

1. TYPE OF INCIDENT: ☐ Personnel Injury ☐ Property Damage ☐ Other

2. DATE & TIME OF INCIDENT: _____

3. SPECIFIC LOCATION (Building/Area):

4. ORGANIZATION:

5. SUPERVISOR (if known):

6. DRUG TEST EVALUATION:

- a. Did the incident result in a fatality or a serious injury requiring immediate hospitalization, or substantial damage to property estimated to exceed \$10,000? ☐ Yes ☐ No
- b. Is evidence discovered or reason to believe that the employee's actions or failure to perform a required action at or about the time of the incident could have contributed to or caused the incident, or cannot be completely discounted as a contributing factor to the incident? ☐ Yes ☐ No
- c. If both a and b are "yes" then a post-incident drug test is required. Has the supervisor directly responsible for the operation or area been contacted? ☐ Yes ☐ No **Refer to MWI 8621.1 for additional information detailing this process.**

7. DESCRIPTION OF ACCIDENT: (Describe who, what, when, where, and why):

(Attach additional sheets if necessary) Are sheets attached? ☐ Yes ☐ No If yes, number of attachments- _____

8. SEVERITY OF INJURY: (Death, likelihood of hospitalization, or days away from work, or OSHA reportable, first aid, close call. List body parts that were injured) ☐ NONE

9. ESTIMATED PROPERTY DAMAGE: (<\$1k, or >\$1k and <\$25K, or >\$25K and < \$250K, or > \$250K and <\$1M, or close call) (No property damage check ☐ NONE)

10. ENVIRONMENTAL CONDITIONS: (Describe any conditions that might have contributed to this incident - i.e., glare, dark, windy, rain, ice, snow). (If none apply check ☐ NONE)

11. UNSAFE ACTS OR UNSAFE CONDITIONS: (Check all conditions listed below that might have contributed to this incident or provide a description.) (Check if apply ☐ NONE ☐ OTHER) (Provide brief description if "other" apply)

a. UNSAFE ACTS	b. UNSAFE CONDITIONS
<input type="checkbox"/> Improper work technique	<input type="checkbox"/> Poor workstation design
<input type="checkbox"/> Safety rule violation	<input type="checkbox"/> Unsafe operation method
<input type="checkbox"/> Operating without authority	<input type="checkbox"/> Lack of direct supervision
<input type="checkbox"/> Failure to warn or secure	<input type="checkbox"/> Insufficient training
<input type="checkbox"/> Operating at improper speeds	<input type="checkbox"/> Lack of experience
<input type="checkbox"/> By-passing safety devices	<input type="checkbox"/> Insufficient knowledge of job
<input type="checkbox"/> Protective equipment not in use	<input type="checkbox"/> Slippery conditions
<input type="checkbox"/> Improper loading or placement	<input type="checkbox"/> Excessive noise
<input type="checkbox"/> Improper lifting	<input type="checkbox"/> Inadequate guarding of hazards
<input type="checkbox"/> Servicing machinery in motion	<input type="checkbox"/> Defective tools/equipment
<input type="checkbox"/> Horseplay	<input type="checkbox"/> Poor housekeeping
<input type="checkbox"/> Drug or alcohol use	<input type="checkbox"/> Insufficient lighting

12. CAUSE OF INCIDENT (Proximate, intermediate, or root cause(s)):

13. PROPOSED CORRECTIVE ACTION (Specify actions taken to prevent similar incidents from occurring in the future, if known at this time):

14. HAS THIS INCIDENT BEEN ENTERED INTO THE SHE REPORT/QUICK INCIDENT REPORT OR IRIS?

☐ Yes ☐ No ☐ Don't Know

(IRIS or SHE Report number, if known):

15. ATTACHMENTS: (i.e., witness statements, photographs) ☐ Yes ☐ No If yes, number of attachments - _____

16. DOES THE INVESTIGATOR(S) RECOMMEND FURTHER INVESTIGATION? ☐ Yes ☐ No

17. INVESTIGATOR(S):	18. ORGANIZATION(S):	19. DATE:

Provide this completed form to the organization IRIS representative responsible for the facility/operation where the mishap/incident occurred and a copy to the S&MA IRIS Administrator for entry into IRIS.